

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Draft
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Meeting Name: IPRS Core Team Meeting
Facilitator: Eric Johnson, DMH
Scribe: Tim Gwyn
Date: 02/06/2008
Time: 10:30 – 11:30 AM
Location: Wycliff Room 419

IPRS Core Team Attendees:

Gary Imes
 Thelma Hayter
 X Eric Johnson
 Travis Nobles
 Cheryl McQueen
 Joyce Sims
 X Jamie Herubin
 Mike Frost
 X Myran Harris

Others:

Cathy Bennett
 X Sandy Flores
 X Paul Carr
 X Tim Gwyn
 Chris Ferell
 X Rick Kretschmer
 X Theresa Diana
 Tim Sullivan

Attendees:

X Alamance-Caswell
 X Albemarle
 Catawba
 X Centerpoint
 X Crossroads
 X Cumberland
 X Durham
 X Eastpointe
 X ECBH
 X Five – County MHA
 X Foothills
 X Guilford

X Johnston
 X Mecklenburg
 X Onslow-Carteret
 X OPC
 X Pathways
 Piedmont
 X Sandhills
 X SE Center
 X SE Regional
 X Smoky Mountain
 X The Beacon Center
 X Wake
 X Western Highlands

Attendees:

Item No. Topics

1. Roll call
2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which “area program” you are from when you speak. **Please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**
3. Upcoming Check-writes (cut-off dates) – Feb. 7, 14, 21
4. Agenda items
 - Beta Test (NPI) Requirements Review
 - 100 records/LME/submission; Format test; full cycle run, 835
 - **Update scheduled termination: TBD**
 - IPRS Questions or Concerns
 - MMIS Updates – Theresa Diana
5. DMH and/or EDS concluding remarks
 - For **North Carolina Medicaid** claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.
 - Physician phone analyst (i.e. Independent Mental Health Providers)-1
 - Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 2
 - Roll Call Updates

Next Meeting: February 13, 2008

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.

Call the IPRS Help Desk – 1-800-688-6696, option 4 or 919-816-4355

M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – iprs.qanda@ncmail.net

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	<p><u>Upcoming Checkwrites</u> (cut-off dates) Feb. 7, 14, 21</p> <p>Terry (Eastpointe) – During last week's checkwrite, Public Psychiatry claims that were recouped denied after being resubmitted. Claims affected back to July through October 2007. Claims denied EOB 8505 (Insufficient Budget).</p> <p>Eric (DMH) – Not aware that this was happening. Send examples to IPRS Q&A for research. Please include date range along with a couple of ICNs as examples.</p> <p>Agnes (Cumberland) – Cumberland is experiencing the same issue as Eastpointe. Should items be submitted to IPRS Q&A?</p> <p>Eric (DMH) – Yes.</p> <p>Tracy (Mecklenburg) – Had claims paid in 2006, the last fiscal year. Not sure if these claims were affected by budgets.</p> <p>Eric (DMH) - Please send a couple of examples to IPRS Q&A for research.</p> <p>Tom (WH) – Had a significant amount withheld from the last checkwrite. RA is showing just over 1 million being withheld. Are budget adjustments still being done for WH?</p> <p>Jamie (EDS) – WH had just over 1.5 million in recoups setup. When there are enough paid claims, the withheld total will be offset. Based on current reporting, all recoups for WH appear to have been satisfied.</p> <p>Eric (DMH) - WH checkwrites should return to normal based on submitted claims that adjudicate with a paid status.</p>
4.	<p><u>Agenda items</u></p> <p><u>Beta Test (NPI) Requirements Review</u> 100 records/LME/submission; Format test; full cycle run, 835 Update scheduled termination: TBD</p> <p>Eric (DMH) – Please submit 837s for format and content/NPI testing. This should provide opportunity to become familiar not only with NPI testing, but also to get familiar with the NPI EOBs.</p> <p>Tom (WH) – Can you explain Medicaid claims submitted through IPRS? How will Medicaid know that there is a NPI associated with the Medicaid claim Attending Provider #?</p>

	<p>Paul (EDS) – All claims submitted through an IPRS mailbox go through the IPRS mapping solution. If you have an NPI associated to an IPRS only Attending Provider #, IPRS will pick up that association and put the legacy provider # on the claim.</p> <p>Tom (WH) – So IPRS will add the legacy to the claim and pass it to Medicaid?</p> <p>Paul (EDS) – Yes. And the Router will determine whether to route to Medicaid or IPRS.</p> <p>Tom (WH) – So should we present claims without an NPI?</p> <p>Paul (EDS) – Are you referring to today or after May?</p> <p>Tom (WH) – After May?</p> <p>Paul (EDS) – If the provider is typical, then you should submit the NPI.</p> <p><u>IPRS Questions or Concerns</u></p> <p>Eric (DMH) – Are there any IPRS questions or concerns?</p> <p>Tom (WH) – Has the End of Year claims submission cutoff been established for the July through April DOS?</p> <p>Eric (DMH) – Are you referring to Timely Filing?</p> <p>Tom (WH) – Yes. Timely filing for the present year budget.</p> <p>Eric (DMH) – This has not changed. It's the last checkwrite in October.</p> <p>Paul (EDS) – It was changed last year to November due to the state budget being delayed in getting finalized. It has been flipped back to October for this coming year.</p> <p><u>Medicaid Questions or Concerns</u></p> <p>Eric (DMH) – Are there any Medicaid questions or concerns?</p> <p><u>MMIS Updates</u> – Theresa Diana</p> <p>Eric (DMH) – Are there any MMIS updates?</p> <p>Theresa (Medicaid) – Follow-up from last week. The T1999 does not bypass the third party edits. To resolve any denials, send in the resolution inquiry with the paper claim and EOB, or letter from Primary Payer indicating that the T1999 is not covered.</p> <p>Donna (Onslow) – When sending in the EOB Denial or letter, if the denial has affected one person, would it apply to all associated with that Insurer or do we need to have one denial for each client?</p> <p>Theresa (Medicaid) – It's ideal to have it for each client. This way the name is on the letter from the Insurer; as it is the case for the EOB,</p>
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	<p>where the name is on the EOB.</p> <p>Donna (Onslow) – But would one denial work for anything submitted under that one person?</p> <p>Theresa (Medicaid) – Yes.</p> <p>Sandy (Crossroads) - We followed the above procedures and the claims are still being denied.</p> <p>Theresa (Medicaid) – Was the denial for third party?</p> <p>Sandy (Crossroads) - We have done it several ways and the claims are still denying. We cannot pinpoint exactly what we are doing incorrectly.</p> <p>Theresa (Medicaid) – The resolution form does not cover all denials. It will cover a third party or time limit override. The claims are subject to other Medicaid denials but the resolution form should override the third party.</p> <p>Sandy (Crossroads) - We submitted for third party twice and they still came back denied. Is there a contact we can go to?</p> <p>Theresa (Medicaid) – Send examples to Q&A.</p> <p>Eric (DMH) – When sending to IPRS Q&A; please put attention to Theresa Diana.</p> <p>Amy (SER) – Chris Ferrell provided answers to the question regarding Physician Assistants and incident to. However the May 2005 special bulletin referenced did not specifically mention Physician Assistants under eligible providers. Some at Eastpointe are questioning whether a Physician Assistant is considered the same thing as a Nurse Practitioner under Eligible Provider?</p> <p>Theresa (Medicaid) – I believe the answer to this would be “no”. But please send examples to Q&A so we can get some further clarifications. Put attention to Theresa Diana.</p> <p>Tom (WH) – Is there any progress with the ability for providers to bill Targeted Case Management or Therapeutic Foster Care?</p> <p>Theresa (Medicaid) – Please send to Q&A. Attention: Theresa Diana.</p> <p>Agnes (Cumberland) – Taxonomy question. Is the taxonomy based on the agency or LME? If the agency is typical, would they have to have a taxonomy for the agency or can Cumberland’s taxonomy be used?</p> <p>Eric (DMH) – Someone from DMA is going to be on the call next week. In preparation, please send this question to Q&A and we will route to DMA so they can research to have an answer next week.</p>
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	<p>Donna (Onslow) – Carolina Access and our Physician Group Number. Will we be able to get referrals from Carolina Access for our Physicians?</p> <p>Theresa (Medicaid) – This is part of the recipient eligibility to be enrolled in Carolina Access.</p> <p>Tom (WH) – Attended NPI seminar. January Medicaid bulletin announced that EDS would edit for the presence of NPI, taxonomy, and zip+4 beginning March 1st. At the seminar, they made the statement that no edits will be applied until May. Which is correct?</p> <p>Theresa (Medicaid) – Will look into it and get back.</p> <p>Kelly (Durham) – If Medicaid is not going in until May 23rd, will IPRS not being going in until May as well?</p> <p>Paul (EDS) – We have partially implemented our solution. If someone sends in a NPI only, IPRS will accept the claim for processing.</p> <p>Kelly (Durham) – But you are still checking the legacy number?</p> <p>Paul (EDS) – Yes. You can send in either NPI or legacy right now.</p> <p>Kelly (Durham) – When will you stop accepting legacy?</p> <p>Paul (EDS) – May 23rd. This is the federally mandated date.</p> <p>Terry (Eastpointe) – Is T1023 considered an Endorse Service through IPRS? We keep having issues with this code being denied.</p> <p>Eric (DMH) – What is the denial?</p> <p>Terry (Eastpointe) – Provider Type/Specialty 074/113 can't bill Enhance Services as of 06/01/06. We tried billing with and without Endorse Provider location.</p> <p>Eric (DMH) – Please send examples to Q&A.</p> <p>Amy (SER) – I have a contact. Kimberly Carter, m.kimberly.carter@ncmail.net, who has helped SER resolve similar type issues.</p>
5.	<p>DMH and/or EDS Concluding Remarks:</p> <p>For North Carolina Medicaid claim questions / inquires please call EDS</p> <p>Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.</p> <ul style="list-style-type: none"> ○ Physician phone analyst (i.e. Independent Mental Health Providers)-4706 ○ Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707 <p>Roll Call Updates</p>

